



**STATE OF MAINE**  
**Bureau of Insurance**

34 State House Station  
Augusta, ME 04333-0034

**MANAGING GENERAL AGENT (MGA)**  
**Registration Application**

YOU WILL BE BILLED A \$100 REGISTRATION FEE ONCE YOUR APPLICATION HAS BEEN REVIEWED

*Foreign Corporations (Title 13-A M.R.S.A. §1202), Foreign Limited Partnerships (Title 31 §492), Limited Liability Companies (Title 31 §712), or Limited Liability Partnerships (Title 31 §852) must apply to the Maine Secretary of State for authority to do business in the State of Maine, **enclose proof of approval.** You may not operate as an MGA or otherwise engage in the business or insurance under any name other than the name the organization is licensed under in Maine, or your own individual name.*

1. Name of MGA Organization:	2. Federal ID#:	3. State of Incorporation:
4. Business address (street):		5. MGA Mailing Address (if different from street):
6. MGA Contact Name:		7. Telephone Number:
8. Licensed producer's name and license number : (SS # if not licensed)		9. Residence address (street):
10. Name of insurer for which you act as an MGA: (If more than one attach list)		11. Mailing address of insurer:
12. State duties you are expected to perform on behalf of insurer(s) listed in #10:		
13. List kinds of insurance you expect to sell on behalf of insurer(s) listed in #10.		
14. Have you or an organization with which you were associated, ever been the subject of a disciplinary action by an insurance regulatory agency or any other professional licensing agency? <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If yes, submit a detailed explanation with pertinent documentation.</i>		

*I hereby certify that I have a written contract in force with the insurer listed in #5, and that the contract contains the minimum provisions required by Title 24-A M.R.S.A. §1494, and that the contract contains no provisions contrary to Maine law.*

*I further certify that in the event any provisions are found to be contrary to Maine laws, those provisions will be null and void.*

\_\_\_\_\_  
Signature (of Person listed in #6)

\_\_\_\_\_  
Typed/Printed Name of above Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of MGA Organization

\_\_\_\_\_  
Date

**Contact:** Barbra Garboski, Assistant Insurance Analyst  
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